



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
EARLY CHILDHOOD EDUCATION P.O. BOX 480, JEFFERSON CITY, MISSOURI 65102-0480
**MISSOURI PRESCHOOL PROJECT COMPLETION REPORT FOR NEW AND EXPANSION
PROGRAMS AND PROFESSIONAL DEVELOPMENT PROGRAMS**

THIS REPORT IS TO BE COMPLETED, SIGNED, AND RETURNED **NO LATER THAN MAY 17TH**.

SECTION I – LEAD AGENCY INFORMATION

LEAD AGENCY NAME		COUNTY DISTRICT CODE / EIN
CONTACT PERSON NAME	TELEPHONE NUMBER	E-MAIL ADDRESS
NAME OF AUTHORIZED REPRESENTATIVE		SIGNATURE OF AUTHORIZED REPRESENTATIVE

STATEMENT OF ASSURANCE

I VERIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE AND CORRECT AND CERTIFY THAT THIS AGENCY COMPLIED WITH THE MISSOURI PRESCHOOL PROJECT GUIDELINES.

SECTION II – BUDGET INFORMATION (New and Expanding Programs and Professional Development Programs)

It is not necessary to attach invoices or receipts for the above expenditures. Documentation supporting these expenditures must be on file and available for review.

All figures must be rounded to the nearest dollar. Make certain all figures and calculations are correct. List expenditure amounts for each site, as well as the total expenditures for the entire project.

	SITE 1		SITE 2		E. 10%	START-UP TOTAL OF COLUMNS A AND C	OPERATIONAL TOTAL OF COLUMNS B, D, AND E
	A. START-UP	B. OPERATIONAL	C. START-UP	D. OPERATIONAL			
A. SALARIES							
B. EMPLOYEE BENEFITS							
C. PURCHASE SERVICE							
D. MATERIALS AND SUPPLIES							
E. CAPITAL OUTLAY							
F. ADMINISTRATIVE COSTS							
TOTAL EXPENDITURES							

SECTION III - SUPPLEMENTAL FUNDING (New and Expanding Programs Only)

For Programs Ending Second, Third, Fourth or Fifth Year of Operation Who Received Supplemental Funding.

	SITE 1	SITE 2	C. 10%	OPERATIONAL TOTAL OF COLUMNS A, B, AND C
	A. OPERATIONAL	B. OPERATIONAL		
A. PURCHASE SERVICE				
B. MATERIALS AND SUPPLIES				
C. CAPITAL OUTLAY				
D. ADMIN. COSTS				
TOTAL EXPENDITURES				

DESE OFFICIAL APPROVAL

DATE

SECTION IV – ON GOING PROFESSIONAL DEVELOPMENT (New and Expanding Programs and Professional Development Programs). **PLEASE INCLUDE ONLY THE ACTIVITIES PROVIDED DURING THIS PROGRAM YEAR WITH MPP FUNDS.**

	Lead Agency	10% Community Set Aside
1. The number of programs that were provided with fees for Accreditation during this program year.	<input type="text"/> NAEYC <input type="text"/> MO Accreditation	<input type="text"/> NAEYC <input type="text"/> MO Accreditation
2. The number of programs that have achieved accreditation during this program year.	<input type="text"/> NAEYC <input type="text"/> MO Accreditation	<input type="text"/> NAEYC <input type="text"/> MO Accreditation
3. The number of teachers/assistants that were trained in a curriculum during this program year.	<input type="text"/> High Scope <input type="text"/> Creative Curriculum <input type="text"/> Project Construct	<input type="text"/> High Scope <input type="text"/> Creative Curriculum <input type="text"/> Project Construct
4. The number of teachers/assistants who completed CDA training during this program year.		
5. The number of teachers/assistants who received college tuition during this program year.		
6. The number of teachers/assistants who received other professional development opportunities during this program year.		
7. The number of programs that were involved in professional development activities (above activities) during this program year.		
8. The number of resource libraries funded by MPP during this program year.	<input type="text"/> New Library <input type="text"/> Existing Library	<input type="text"/> New Library <input type="text"/> Existing Library
9. The number of providers who accessed the resource libraries during this program year.		
10. Briefly describe two or three successes that have occurred within the MPP program and in the community as a direct result of the MPP funding. Please attach additional pages if needed.		

SECTION V – MPP SITE INFORMATION (New and Expanding Programs Only)

1. SITE # <input type="checkbox"/> 1 <input type="checkbox"/> 2	CLASSROOM <input type="checkbox"/> A <input type="checkbox"/> B	ONLY SCHOOL DISTRICTS SHOULD RESPOND. (MARK ALL THAT APPLY) CLASSROOM IS FUNDED WITH: <input type="checkbox"/> MPP FUNDS <input type="checkbox"/> TITLE 1 FUNDS <input type="checkbox"/> SPECIAL ED. FUNDS		
REFER TO CHILD CARE LICENSE FOR THIS INFORMATION. CHILD CARE LICENSE NUMBER _____ LICENSE IS EFFECTIVE THROUGH _____		ACCREDITING SOURCE (ATTACHMENT A) <input type="checkbox"/> MISSOURI ACCREDITATION <input type="checkbox"/> NAEYC ACCREDITATION		
PROGRAM NAME _____				
STREET ADDRESS _____		CITY _____		STATE _____ ZIP _____

CHILD DATA
(INCLUDE ONLY THOSE CHILDREN SERVED THROUGH MPP FUNDS)

	TOTAL NUMBER OF MPP CHILDREN	TOTAL NUMBER OF LOW INCOME	TOTAL NUMBER OF SPECIAL NEEDS	LENGTH OF DAY	LENGTH OF PROGRAM YEAR
1A. NUMBER OF MPP CHILDREN WHO WILL BE 3 YEARS OLD BEFORE AUG. 2003.				<input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> FULL DAY	<input type="checkbox"/> 12 MONTHS <input type="checkbox"/> LESS THAN 12 MONTHS
1B. NUMBER OF MPP CHILDREN WHO WILL BE 4 YEARS OLD BEFORE AUG. 2003.				<input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> FULL DAY	<input type="checkbox"/> 12 MONTH <input type="checkbox"/> LESS THAN 12 MONTHS

TEACHER AND TEACHER ASSISTANT DATA
(PLEASE SEE GUIDELINES FOR EXPLANATION OF ABBREVIATIONS)

1C. NAME OF LEAD TEACHER _____	SALARY OF THE LEAD TEACHER IS FUNDED <input type="checkbox"/> FULLY WITH MPP <input type="checkbox"/> PARTIALLY WITH MPP <input type="checkbox"/> NOT FUNDED WITH MPP
TEACHER QUALIFICATIONS: <div style="display: flex; justify-content: space-between;"> <div> PUBLIC SCHOOLS <input type="checkbox"/> EC <input type="checkbox"/> ECSE <input type="checkbox"/> 4CD </div> <div> OTHER THAN PUBLIC SCHOOLS <input type="checkbox"/> CDA <input type="checkbox"/> PCD <input type="checkbox"/> ACC </div> </div>	
REQUIRED TRAINING: (PLEASE RESPOND TO ALL 3 ITEMS) NUMBER OF MOVING ON TOGETHER REGIONAL MEETINGS ATTENDED <input type="checkbox"/> FOUR <input type="checkbox"/> THREE <input type="checkbox"/> TWO <input type="checkbox"/> ONE <input type="checkbox"/> NONE COMPLETED CURRICULUM <input type="checkbox"/> HIGH SCOPE <input type="checkbox"/> CREATIVE CURRICULUM <input type="checkbox"/> PROJECT CONSTRUCT COMPLETED THE OBSERVATIONAL ASSESSMENT TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
1D. NAME OF TEACHER ASSISTANT _____	SALARY OF THE TEACHER ASSISTANT IS FUNDED <input type="checkbox"/> FULLY WITH MPP <input type="checkbox"/> PARTIALLY WITH MPP <input type="checkbox"/> NOT FUNDED WITH MPP
Teacher Assistant Qualifications: <div style="display: flex; justify-content: space-between;"> <div> PUBLIC SCHOOLS <input type="checkbox"/> HSV <input type="checkbox"/> CDA <input type="checkbox"/> PCD <input type="checkbox"/> ACC <input type="checkbox"/> 60 HRS </div> <div> OTHER THAN PUBLIC SCHOOLS <input type="checkbox"/> 2 YEARS </div> </div>	
REQUIRED TRAINING: (PLEASE RESPOND TO ALL 3 ITEMS) NUMBER OF MOVING ON TOGETHER REGIONAL MEETINGS ATTENDED <input type="checkbox"/> FOUR <input type="checkbox"/> THREE <input type="checkbox"/> TWO <input type="checkbox"/> ONE <input type="checkbox"/> NONE COMPLETED CURRICULUM <input type="checkbox"/> HIGH SCOPE <input type="checkbox"/> CREATIVE CURRICULUM <input type="checkbox"/> PROJECT CONSTRUCT COMPLETED THE OBSERVATIONAL ASSESSMENT TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**INSERT ACCREDITATION
CERTIFICATE HERE**

SECTION VI - PARENT EDUCATION/INVOLVEMENT (New and Expanding Programs Only)

1 A. NUMBER OF PERSONAL VISITS PROVIDED TO FAMILIES OF MPP CHILDREN.

B. NUMBER OF FAMILIES WHO RECEIVED AT LEAST ONE PERSONAL VISIT.

2 A. NUMBER OF PARENT/TEACHER CONFERENCES OFFERED TO MPP FAMILIES.

B. NUMBER OF FAMILIES WHO ATTENDED AT LEAST ONE PARENT/TEACHER CONFERENCE.

3 A. NUMBER OF GROUP MEETINGS PROVIDED TO FAMILIES OF MPP CHILDREN.

B. NUMBER OF FAMILIES WHO ATTENDED AT LEAST ONE GROUP MEETING.

4 A. NUMBER OF PARENT CHILD ACTIVITIES OFFERED TO MPP FAMILIES.

B. NUMBER OF FAMILIES INVOLVED IN PARENT CHILD ACTIVITIES

5 A. NUMBER OF PARENTS WHO VOLUNTEER TIME IN THE CLASSROOM.

SECTION VII – STUDENT EVALUATION (New and Expanding Programs)

1. Please check the student evaluation tool used for MPP children.

☐ Portfolios☐ Observational Checklist☐ Work Sampling☐ Child Observation Record☐ Project Construct Assessment☐ Other: _____**SECTION VIII – PROGRAM EVALUATION (New and Expanding Programs)**

1. The program is evaluating services using the following:

☐ Moving On Together Technical Assistance☐ MPP Self-Monitoring Report☐ Rate of Staff Participation in Professional Development☐ Parent Questionnaire☐ Rate of Parents Participation in Parent Education/Involvement Activities☐ Other:

2. As a result of the evaluation, the following changes are needed: